

Division 3 Staff Meeting

March 2007

Safety & Health (Part 2)



ASBESTOS PROGRAM

Jackson Provost



ASBESTOS PROGRAM

Jackson Provost

- **ASBESTOS FORMS 1001S FOR CONTRACTORS**

“NO EXCEPTIONS”

- **Differences between the 1001S and 1001C**

- **Company Name & Phone Number**



North Carolina Department of Transportation
FACILITY ASBESTOS NOTIFICATION

Form 1001S

Effective 8-1-96
Revised 8-21-96
Revised 1-23-03

Part I. NOTIFICATION

The North Carolina Department of Transportation is hereby notifying you that the building listed below has been tested for the presence of asbestos-containing materials (ACM). A survey report is on file and may be requested by contacting the NC DOT Asbestos Program Manager at (919) 715-0403 EXT. 217.

Part II. FACILITY INFORMATION

1. Facility Name/Identification Number:

DIVISION OFFICE EXT. BUILDING - FA# 65-05-01

2. Facility Address:

**DIVISION OFFICE COMPLEX
124 DIVISION DRIVE - WILMINGTON, NC 28401**

Part III. ASBESTOS STATUS:

☐ 1. No asbestos containing building material (ACBM) was located by asbestos inspection dated

☒ 2. This building contains asbestos as follows: (Specify locations)

Ceiling Tile/Panels/Areas Above the Ceiling: TRANSITE CEILING PANEL (Furnace Room)

Floor Materials: 9X9 BLACK & WHITE FLOOR TILE
9X9 GRAY & WHITE FLOOR TILE

Wall Board or Panels: NONE DETECTED

Surfacing Material: NONE DETECTED

Thermal Insulation: NONE DETECTED

Other: (Describe) NONE DETECTED

Part IV. ASBESTOS MANAGEMENT CERTIFICATION

Asbestos Management Planner (Signature)	Accreditation Number	Date	Phone Number
<i>Terry F. Russell, Sr. (Sgm)</i>	20641	8/12/03	919-715-0403 EXT.-217

Part V. ACKNOWLEDGMENT OF NOTIFICATION

Name (Please Print Clearly)	Company	Company Phone Number
Signature	Date	

NOTE:

DO NOT remove any tags or labels from items labeled as ACM. If you must post any warning labels in association with your work, please remove immediately upon completion of work. If your work requires lockout/tagout of energy sources, please make sure the facility coordinator, for this facility, is fully aware of the extent of your activities. Your safety and health, while visiting our facility, is our paramount concern.



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Part II. FACILITY INFORMATION

1. Facility Name/Identification Number:

DIVISION OFFICE BUILDING - FA # 65-05-02

2. Facility Address:

**DIVISION OFFICE COMPLEX
124 DIVISION DRIVE - WILMINGTON, NC 28401**

Part III. ASBESTOS STATUS:

☐ 1. No asbestos containing building material (ACBM) was located by asbestos inspection dated

☒ 2. This building contains asbestos as follows: (Specify locations)

Ceiling Tile/Panels/Areas Above the Ceiling: **NONE DETECTED**

Floor Materials: **9x9 BLACK FLOOR TILE
9x9 GREY FLOOR TILE**

Wall Board or Panels: **NONE DETECTED**

Surfacing Material: **NONE DETECTED**

Thermal Insulation: **NONE DETECTED**

Other: (Describe) **BASEBOARD MASTIC**

Part IV. ASBESTOS MANAGEMENT CERTIFICATION

Asbestos Management Planner (Signature)	Accreditation Number	Date	Phone Number
<i>Terry J. Russell, Sr. (sym)</i>	20641	8/12/03	919-715-0403 EXT.-217

Part V. ACKNOWLEDGMENT OF NOTIFICATION

Name (Please Print Clearly)	Company	Company Phone Number
Signature	Date	

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Form 1001S

Effective 8-1-96
Revised 8-21-96
Revised 1-23-03

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Part II. FACILITY INFORMATION

1. Facility Name/Identification Number:

EMPLOYEE REP BUILDING - FA# 65-05-03

2. Facility Address:

**DIVISION OFFICE COMPLEX
124 DIVISION DRIVE - WILMINGTON, NC 28401**

Part III. ASBESTOS STATUS:

☐ 1. No asbestos containing building material (ACBM) was located by asbestos inspection dated

☒ 2. This building contains asbestos as follows: (Specify locations)

Ceiling Tile/Panels/Areas Above the Ceiling: **NONE DETECTED**

Floor Materials: **12X12 FLOOR TILE**

Wall Board or Panels: **NONE DETECTED**

Surfacing Material: **NONE DETECTED**

Thermal Insulation: **NONE DETECTED**

Other: (Describe) **ASBESTOS SIDING (Gable Ends)**

Part IV. ASBESTOS MANAGEMENT CERTIFICATION

Asbestos Management Planner (Signature)

Larry F. Russell, Jr. (LFR)

Accreditation Number

20641

Date

8/12/03

Phone Number

919-715-0403 EXT.-217

Part V. ACKNOWLEDGMENT OF NOTIFICATION

Name (Please Print Clearly)

Company

Company Phone Number

Signature

Date

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